

# PREOPERATIVE INSTRUCTIONS

**Pickerington Manor  
Jaw & Facial Surgery**



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Practice Limited to Oral and Maxillofacial Surgery  
Dental Implant Surgery

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PLEASE TAKE TIME TO REVIEW THIS  
INFORMATION BEFORE YOUR SURGERY

## THE DO NOTS OF ORAL SURGERY

**DO NOT EAT OR DRINK ANYTHING AFTER MID-NIGHT/\_\_\_\_\_AM/PM** – THIS INCLUDES ANY MEDICATIONS, UNLESS AUTHORIZED BY YOUR PHYSICIAN OR DR. BATH. THIS INCLUDES ANY CHEWING GUM, MINTS, CANDIES, OR WATER. YOUR STOMACH MUST BE EMPTY. IGNORING THIS CAN BE DANGEROUS AND EVEN LIFE THREATENING.

**MEDICATIONS** — IF YOU TAKE DAILY MEDICATIONS AND NO INSTRUCTIONS WERE GIVEN REGARDING THEM DURING THE CONSULTATION, PLEASE CALL THE OFFICE FOR APPROPRIATE INSTRUCTIONS BEFORE YOUR APPOINTMENT.

**DO NOT DRINK ANY ALCOHOLIC BEVERAGES** — YOU SHOULD NOT CONSUME ANY ALCOHOLIC BEVERAGES 24 HOURS PRIOR TO YOUR SURGERY.

**DO NOT USE ANY SOCIAL OR MIND ALTERING DRUGS** — DOING SO CAN CAUSE DANGEROUS INTERACTIONS WITH MEDICATIONS USED FOR YOUR SURGERY OR ANESTHETIC.

**DO NOT SMOKE TOBACCO PRODUCTS PRIOR TO YOUR SCHEDULED SURGERY.** IT CAN CAUSE IMPAIRED BREATHING OR OTHER COMPLICATIONS DURING SURGERY.

**DO NOT WEAR ANY TYPE OF JEWELRY**— NO WATCHES, BRACELETS, EARRINGS, RINGS, NECKLACES, ANKLETS, AND/OR BODY PIERCINGS. EXCEPTIONS CAN BE MADE FOR WEDDING RINGS/BANDS. HOWEVER, WE ARE NOT RESPONSIBLE FOR LOST OR DAMAGED ITEMS NOR ANY INJURIES THAT CAN OCCUR FROM WEARING SUCH ITEMS DURING YOUR PROCEDURE.

**DO NOT WEAR SANDALS OR FLIP FLOPS.**

✕ **DO NOT WEAR ANY MAKE UP OR NAIL POLISH.—**THIS IS TO PREVENT ANY EYE INJURIES OR FURTHER RISKS OF INFECTION. NAIL POLISH CAN AFFECT THE ACCURACY OF CERTAIN MONITORS.

✕ **DO NOT WEAR CONTACT LENSES ON THE DAY OF SURGERY.—**IF YOU DO USE CONTACTS, PLEASE LEAVE THEM AT HOME AND WEAR YOUR GLASSES TO THE SURGERY. WEARING CONTACTS DURING SURGERY CAN RESULT IN DAMAGE TO YOUR EYES OR VISION.

### **THE DO'S OF ORAL SURGERY**

☺ **YOU MUST WEAR A SHORT SLEEVE SHIRT.—**NO ONE PIECE OUTFITS, SUNDRESSES, OVERALLS, ETC. THIS ALLOWS PLACEMENT AND USE OF ANESTHETIC MONITORS TO BE MUCH EASIER AND SAFER.

☺ **PLEASE SHOWER OR BATHE PRIOR TO SURGERY.—**WE ASK THAT YOU COME BATHED AND WEARING CLEAN CLOTHES TO THE SURGERY TO ASSIST US IN PROVIDING YOU AND OTHER PATIENTS WITH A SAFE AND CLEAN ENVIRONMENT.

☺ **YOU MUST HAVE A RESPONSIBLE ADULT PROVIDE TRANSPORTATION TO AND FROM OUR OFFICE ON THE DAY OF YOUR SURGERY.—**THIS PERSON MUST COME IN WITH YOU TO REVIEW THE POSTOPERATIVE INSTRUCTIONS. (*MINORS MUST BE ACCOMPANIED BY PARENT.*) THEY WILL BE REQUIRED TO STAY ON THE PREMISES WHILE YOUR SURGERY IS BEING PERFORMED. YOUR CAR AND ESCORT MAY NOT LEAVE FOR ANY REASON DURING SURGERY WITHOUT OUR CONSENT. ONCE SURGERY IS COMPLETED, THEY WILL SIT IN RECOVERY WITH YOU UNTIL YOU ARE DISCHARGED. SOMEONE WILL NEED TO STAY WITH YOU A GOOD PORTION OF THE REMAINING DAY/EVENING. YOU WILL BE UNDER THE INFLUENCE OF THE ANESTHETIC FOR AT LEAST 24 HOURS AND MAY CAUSE YOURSELF HARM WITHOUT PROPER SUPERVISION.

## IMPORTANT THINGS TO REMEMBER

- YOUR SURGERY APPOINTMENT IS SCHEDULED ON \_\_\_\_\_ AT \_\_\_\_\_ AM/PM. PLEASE ARRIVE 15-20 MINUTES BEFORE YOUR SCHEDULED SURGERY TO REVIEW AND COMPLETE ANY NECESSARY PAPERWORK. ARRIVING LATE COULD CAUSE YOUR SURGERY AND OTHER PATIENT'S SURGERIES TO BE DELAYED. IF YOU ARE EXCESSIVELY LATE, YOUR SURGERY MAY BE RESCHEDULED.
- YOUR TOTAL ESTIMATED CHARGES FOR THIS SURGICAL SERVICE IS: \$\_\_\_\_\_. *(THERE IS ALWAYS A POSSIBILITY OF CHANGES IN YOUR FINAL CHARGES DUE TO UNFORESEEN EXTENT AND/OR CIRCUMSTANCES OF YOUR SURGERY.)*
- YOUR PAYMENT DUE ON THE DAY OF SURGERY WILL BE: \$\_\_\_\_\_. *(THIS IS ONLY AN ESTIMATE AND A DEPOSIT TOWARD YOUR ACCOUNT. THERE MAY BE AN ADDITIONAL BALANCE DUE AFTER YOUR INSURANCE HAS PAID ITS PORTION. IF THERE ARE ANY CREDITS, A REFUND WILL BE SENT TO YOU WHEN ALL BILLING OF INSURANCES IS COMPLETED.)*

**FAILURE TO FOLLOW ANY OF THE PREVIOUS INSTRUCTIONS WILL RESULT IN CANCELLATION OF YOUR GENERAL ANESTHESIA . RECURRING FAILURES MAY RESULT IN REFERRAL ELSEWHERE. PLEASE SIGN BELOW AS ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING OF THESE INSTRUCTIONS.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**